

Healthy *Lifestyles*

Tobacco Control

Tobacco use is the single most preventable cause of death and disease in our society. Annually, tobacco use causes more than 430,000 deaths and costs the Nation approximately \$50-73 billion in medical expenses alone. Most people begin using tobacco in early adolescence, typically by age 16. Almost all first-use occurs before high school graduation.

The goal of the San Diego County's Tobacco Control Resource Program (TCRP) is to prevent death and disease from tobacco usage by reducing initiation of tobacco use among young people, promoting cessation among young people and adults, eliminating non-smokers exposure to Environmental Tobacco Smoke (ETS) and identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

The State of California, Tobacco Control Section (TCS) has identified three priority areas in which the above strategies must be focused: Youth Access to Tobacco Products, Countering Pro-Tobacco Influences, and ETS.

Cigarette Smoking-Related Mortality United States, 1997

Disease	Men	Women	Overall
Cancers			
Lung	81,179	35,741	116,920
Lung from ETS	1,055	1,945	3,000
Other	21,659	9,743	31,402
TOTAL	103,893	47,429	151,322
Cardiovascular Disease			
Hypertension	3,233	2,151	5,450
Heart Disease	88,644	45,591	143,235
Stroke	14,978	8,303	23,281
Other	11,682	5,172	16,854
TOTAL	118,603	61,117	179,820
Respiratory Disease			
Pneumonia	11,292	7,881	19,173
Bronchitis/Emphysema	9,234	5,541	14,865
Chronic Airway Obstruction	30,385	18,579	48,982
Other	878	688	1,455
TOTAL	51,788	32,689	84,475
Disease Among Infants	1,006	705	1,711
Burn Deaths	863	499	1,362
ALL SMOKING RELATED DEATHS	276,153	142,537	418,690

State and Local Trends

Since the passage of Proposition 99 in 1988, annual per capita use of tobacco in California has declined by over 50%¹⁸. This decline is directly linked to comprehensive Statewide tobacco control programs. In the latest California DHS survey, overall youth smoking prevalence fell to 6.9% in 1999, a 35% drop from 10.7% in 1998. The decline was evident across race and gender.

Smoking Prevalence Among Adults

The rate of tobacco use among San Diego County residents has maintained a steady rate, varying by less than a percentage from 1995 through 1998 with a current mean of 17 %¹⁹, one of the lowest in the State. The rate of smoking among California residents is currently 18%, down from 18.4% in 1998, which is substantially lower than the national average of 25%²⁰.

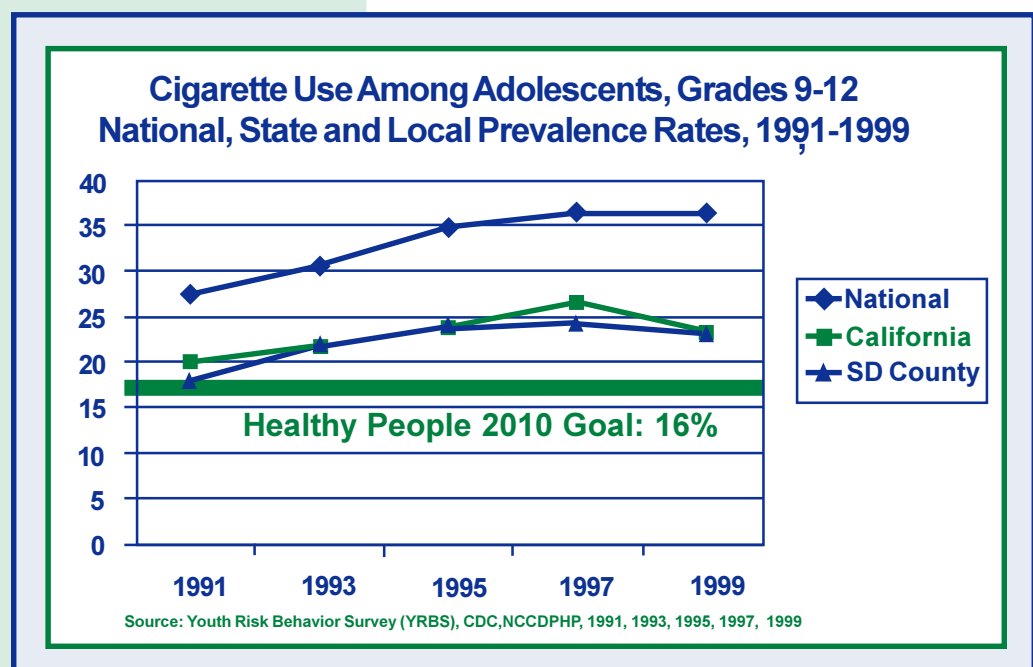
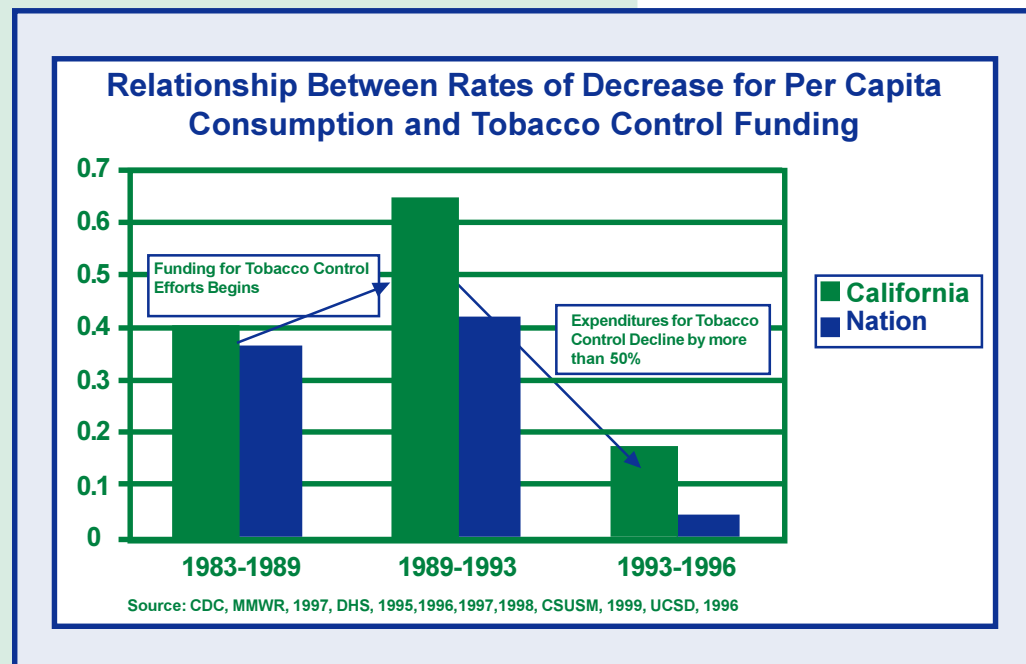
Smoking Prevalence Among Adolescents

According to the CDC's 1999 Youth Risk Behavior Survey (YRBS) data for San Diego County, cigarette smoking among youth is currently on the decline, with 23.1% of students in grades 9-12 reporting tobacco use in the 30 days preceding the survey. This decline can be attributed to San Diego's comprehensive tobacco control program, extensive policy change and enforcement, as well as quality school-based programs²¹.

Researchers believe that adolescent tobacco use is strongly correlated with tobacco industry dollars, despite having a strong tobacco control program in place in California. It is also believed that youth, as a group, often react in opposition to adult community norms²².

Actual percentages of current tobacco use by adolescents in California have been consistently lower than National rates. In 1991, 20 percent of California adolescents reported having smoked in the last 30 days ("current use"), compared to the National average of 27 percent⁶. In 1997, 26 percent of California's adolescents reported current use, compared to 36 percent Nationally.

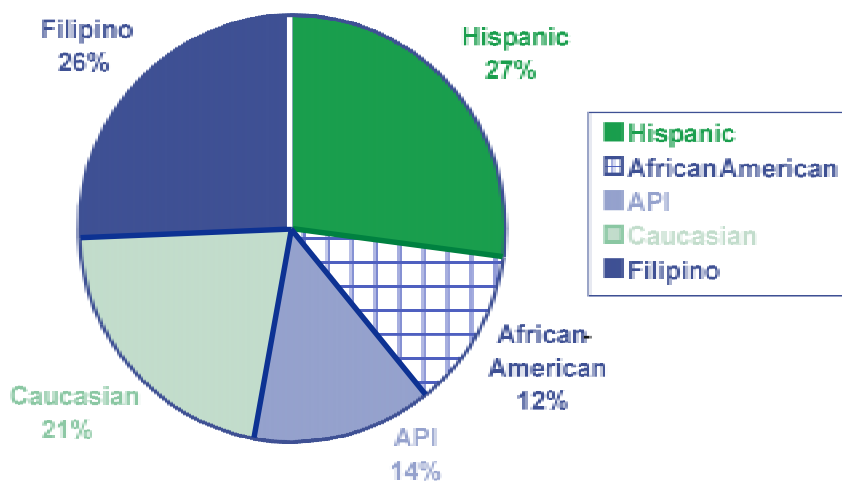
Health and Human Services Agency



Ethnic Disparities

Disparities in tobacco use exist among certain racial and ethnic populations. According to the chart below, San Diego's Hispanic and Filipino youth continue to represent the largest percentage of youth smokers.

Adolescent Cigarette Use by Ethnicity, 1999



Source: YRBS 1999 (CDC)



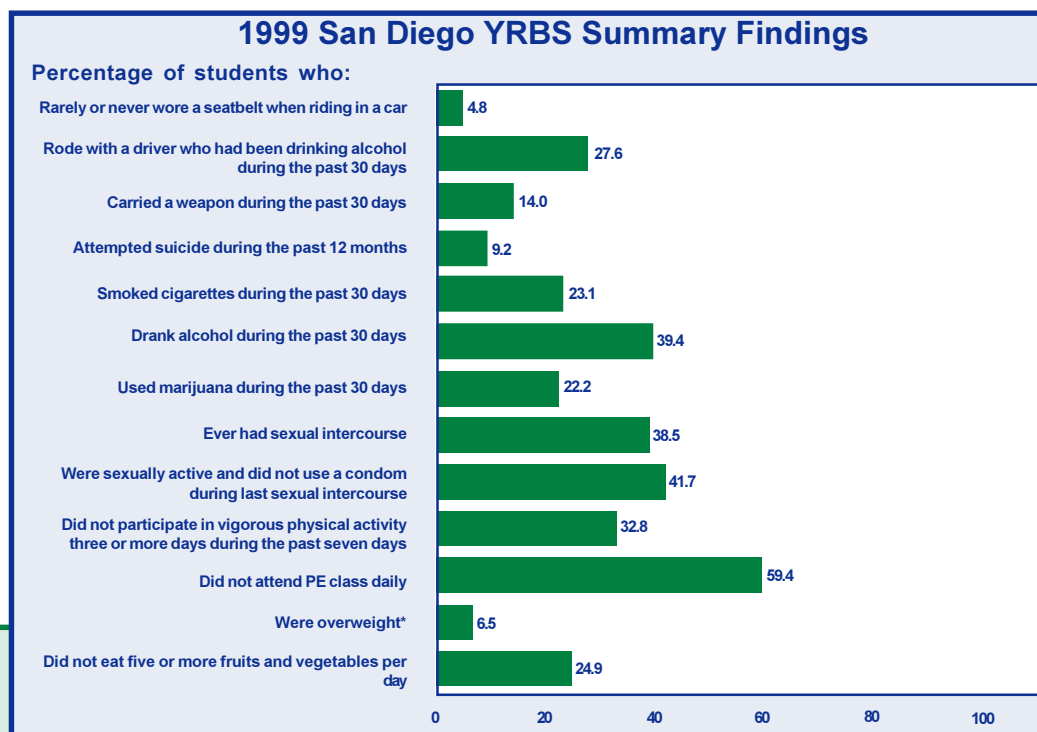
Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) was administered to 1,715 students in 25 public schools in San Diego during the spring of 1999⁷. The school response rate was 100%, the student response rate was 78%, and the overall response rate was 78%. The results are representative of all students in grades 9-12. The sample was comprised of the following students:

<u>Grade Level</u>		<u>Race/Ethnicity</u>	
9th Grade	30.0%	African American	13.9%
10th Grade	26.8%	Asian	8.0%
11th Grade	24.4%	Filipino	11.7%
12th Grade	18.7%	Hispanic	30.7%
		White	25.6%

The YRBS is one component of the Youth Risk Behavior Surveillance System (YRBSS) developed by the Centers for Disease Control and Prevention. The Youth Risk Behavior Surveillance System was designed to focus the nation on behaviors among youth related to the leading causes of mortality and morbidity among both youth and adults and to assess how these risk behaviors change over time. The YRBSS measures behaviors that fall into six categories: (1) behaviors that result in unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; (5) dietary behaviors; and (6) physical activity.

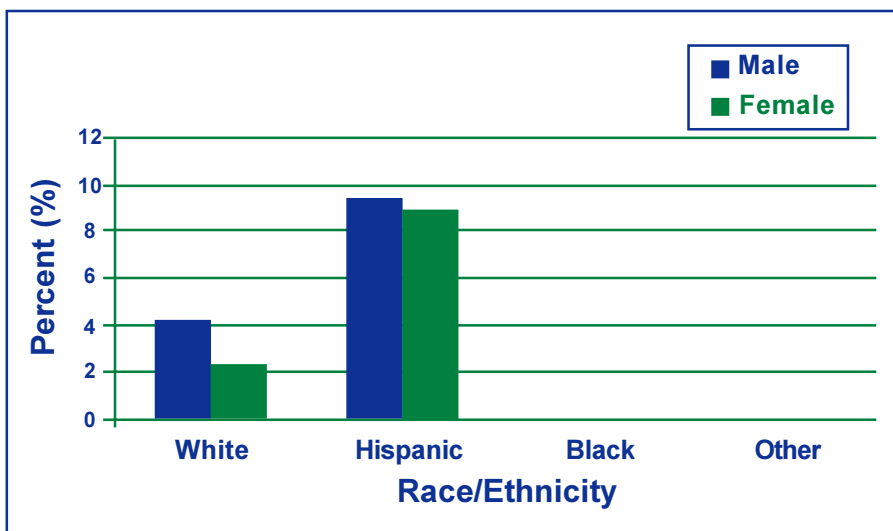
More information about the Youth Risk Behavior Surveillance System can be obtained from <http://www.cdc.gov/nccdphp/dash/yrbs>



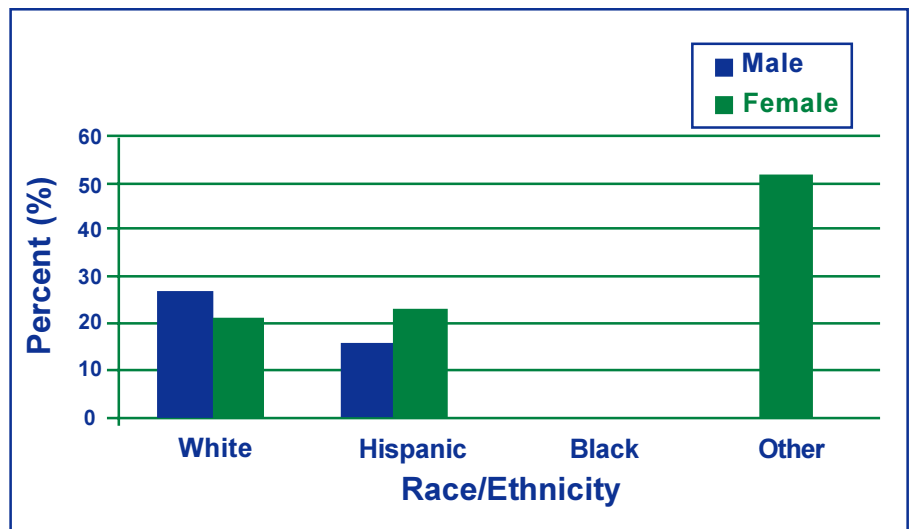
California Behavioral Risk Factor Surveillance System

States and counties use the California Behavioral Risk Factor Surveillance System to collect data about modifiable health behaviors and to monitor trends in the prevalence of behavioral risk factors. The following graphs are prevalence estimates of cardiovascular disease risk factors by gender, 1994-1996.

Diabetes

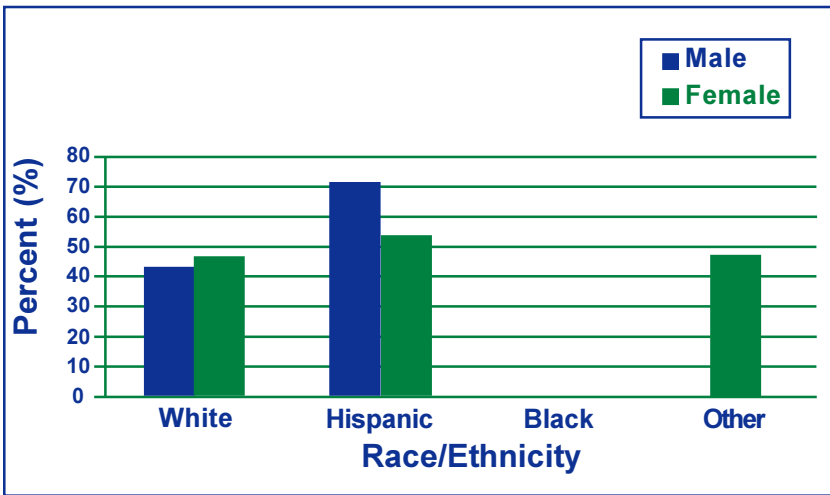


Hypertension

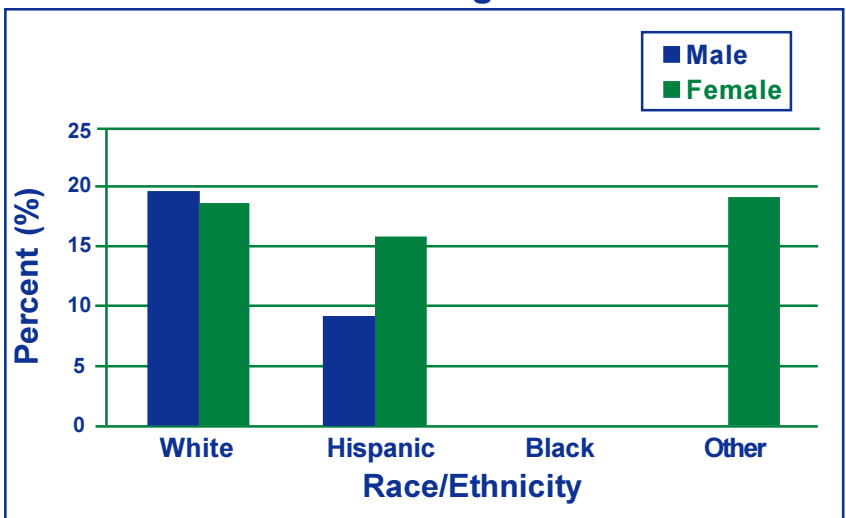


Where no information is represented on graphs, insufficient data exist for analysis

Sedentary Lifestyle



Smoking



Overweight

